

## CONFERENCE REGISTRATION FORM

Return to AHI, 1325 G Street, NW, Suite 700,  
Washington, DC 20005, USA Fax: +1.202.393.1667

Dr / Mr / Ms / Mrs First Name \_\_\_\_\_ Family Name \_\_\_\_\_

Title \_\_\_\_\_

Company or Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

## CONFERENCE REGISTRATION FEES

*Registration fee covers documentation,  
coffee breaks, lunches, welcome reception  
and gala dinner*

☐ **Government** \$200 US

☐ **Industry** \$500 US  
(members of IFAH, AHI, IFAH-EU, JVPA,  
CAHI, AVCARE, AGCARM, AVBC,  
CAMEVET)

☐ **Others** \$750 US

## SOCIAL EVENTS (check as appropriate)

☐ Welcome Reception

☐ Gala Dinner

## PAYMENT INFORMATION

☐ Enclosed is my check drawn on a US bank

☐ Please charge my credit card

☐ VISA ☐ MasterCard ☐ American Express

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_



1325 G Street, NW, Suite 700  
Washington, DC 20005, USA